



ID = 27

Home Inspection/Questionnaire Form

House ID 092009 FL02

Date 5/6/10

Field Technician(s) [redacted]

House Address [redacted]

General Weather Description 80° PARTLY CLOUDY, HUMID

1. Questionnaire

1) Interviewed home owner YES NO

2) Age of the House (years)
OCTOBER 2006 - CLOSET

3) Estimated Floor Area (sqft)
~ 3600 UNDER AIR 4000 + TOTAL

4) Was as there any demo's to the house?
YES NO

If YES, when was it done? Please Explain.

5) Has there been any fire in the building?
YES NO

If YES, when did it happen? Please Explain.

6) Any pesticides/herbicides been applied around the building or in the yard?
 YES NO

If YES, when was it applied? Please list the type of chemicals used.

RARELY IN HOME; SPECIFIC CALLS - WHITE: PAPER ANTS
VILES; SUGAR?

7) Has there been any recent painting/staining done in the home?

YES

NO

If YES, when, where and what type of paint/stain was used?

8) Has any work been done on the AC system since construction?

YES

NO

If YES, please describe?

COILS REPLACED ONCE

9) Are all the AC system components original?

YES

NO

If NO, please describe?

COIL

10) What is the age of your refrigerator?

2 1/2 = 3 years ; COMPRESSOR 3-4

11) Has any piping been replaced in the home?

YES

NO

If YES, please describe?

2. Building Characteristics

1) Residential Type (Single/Multi-Family Building) If multi-family, how many units?

SINGLE

2) Number of rooms

5 BEDS, 4 BATHS 13

3) Above grade Construction

Wood Frame Concrete Stone Brick Other _____

4) Basement

METAL STUDS

Full Crawlspace Slab Other _____

5) Foundation

Concrete Cinder Block Stone Other _____

6) Garage

YES NO

If YES, Attached Detached

If YES, Used for Car Parking? YES NO

If YES, Any gas-powered equipment or cans of gasoline/fuels stored?

YES NO

7) Type of HVAC System

(b)(3).Exemption 3 for fairness

Make _____ HVAC Model _____ Condenser Model _____

8) Types of Fuel (circle all that apply)

Natural Gas Fuel Oil Kerosene Electric
Propane Solar Wood Coal

9) Water Supply

Public Well Other _____

10) Sewage

Public Septic Leach Field Other _____

11) Attic

Finished Unfinished CRAWL SPACE

3. Interior Characteristics

1) Any odors upon entering the building?

YES

NO

STUFFY

If YES, is the odor drywall related (H2S, rotten egg, burned match, sulfur-like)?

YES

NO

If YES, describe MUSTY - TART

If NO, is the odor coming from other sources (perfume, air freshener, etc.)?

If NO, describe ONLY WHEN COOKING

2) Fireplace

YES

NO

3) Floors (circle all that apply)

Hardwood

Carpet

Ceramic Tile

Vinyl Tile

Unfinished Wood

Unfinished Concrete

Other PORCELAIN; PLYWOOD COATED
DRIVE

4) Walls (circle all that apply)

Wall Paper

Paint

Skim Coat

Textured

Wood or Wood Paneling

Other _____

5) Ceiling (circle all that apply)

Wall Paper

Paint

Skim Coat

Textured

Wood or Wood Paneling

Other _____

SYNTHETIC DOORS

